

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**101563853**

FILING DATE

**01-06-06**

APPLICANT(S)

**CLAIMS**

*claims 1-627 canceled*

*canceled*

1- 600	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
601						
602						
603						
604						
605						
606						
607						
608						
609						
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611						
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613						
614						
615						
616						
617						
618						
619						
620						
621						
622						
623						
624						
625						
626						
627						
628	1					
629		1				
630		1				
631		1				
632		1				
633		1				
634		1				
635		1				
636		1				
637		1				
638		1				
639		1				
640		1				
641		1				
642		1				
643		1				
644		1				
645		1				
646		1				
647		1				
648		1				
649		1				
650		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
651				1		
652				1		
653				1		
654				1		
655				1		
656			1			
657				1		
658				1		
659				1		
660				1		
661				1		
662				1		
663				1		
664				1		
665				1		
666				1		
667				1		
668				1		
669				1		
670				1		
671				1		
672				1		
673				1		
674				1		
675				1		
676				1		
677				1		
678			1			
679				1		
680				1		
681				1		
682				1		
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685						
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689						
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691						
692						
693						
694						
695						
696						
697						
698						
699						
700						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		52	←		←
TOTAL CLAIMS			55			